

CPA 11/4/13

Construction Permit Application

Development Services Department

90 E. Ĉivic Center Dr. Gilbert, AZ 85296 (480) 503-6700-Phone (480) 497-4923-Fax www.gilbertaz.gov

A Community of Excellence

	Permit Number				
Plan review fees are payable in	full at the time of submittal	, see Development Servi	ces Fee Schedule for m	ore information	
Project Address					
Recorded Subdivision					
	t Name Project Valuation				
Brief description of work to be pe					
Project Type <u>Include the correspo</u>	nding project "checklist"				
Sign (Calendar for Temp sign) - area of Sign Miscellaneous Commercial or Residential Project					
Fire Protection – # of Heads_			Pools & Spas – area of Pool & Spa		
Tenant Improvement – Square					
Subdivision Amenity (separate application for each amenity) Deferred Submittal - Master permit #					
New Commercial – Square Foo	otage	Residential Addition	n or Accessory Building	S	
New Residential (if plans are f	or a new Standard Plan Mode	l#	Elevations		
Area - Livable SF Garag	e SFPatio/Porch	/Carport SF R	amada Remo	odel	
Owner or Tenant Information - N					
			State	Zip	
Architect or Designer Information			Phone Number		
Address		City	State	Zip	
Contractor Information - Name			Phone Number		
Address			State	Zip	
Statement of Contractor	r/Applicant made in connection	with application for perm	it, pursuant to A.R.S. §3	2-1169.A	
Owner Occupant of a Residenti					
☐ Contractor is currently licensed	pursuant to the provisions of Ar	izona Revised Statutes, Tit	e 32, Chapter 10		
ROC license number is	Privilege license	number pursuant to A.R.S	. §42-5005 is		
☐ Applicant is not a licensed cont	ractor and is exempt from the p	rovisions of Arizona Revise	d Statutes, Title 32, Chap	oter 10,	
A.R.S. §32-1121. Provide basis of	exemption and name & license	number of contractors who	will be performing worl	k on separate form.	
Projects valued a \$50,000 or m	ore will require a Bond Exemption	on Certificate from AZ Depo	irtment of Revenue prior	to permit issuance	
Applicant □Owner or T	enant Architect or Enginee	r □Designer □Contracto	or Other		
Contact Person	Phone Number	Ema	ail		
Print Name	Signature		Date		
· ·					
	T I HAVE THE AUTHORITY TO SIGN THIS	APPLICATION AND THE INFORM	ATION PROVIDED IS CORRECT		
Plan Review Programs (for TOG s	tan use only)	Over the Counter 9	Review (WHEN AVAILAB	IF)	
Standard Review	nsion approval)		f-Certification" form re		
At Risk Plan Review (requires	orior approvari	Expedited Plan Rev		44.1.64	
Express Permitting Permit by Appointment - Adva	ance Meeting required	Lybenited Flatt Ver	IC W		
remit by Appointment - <u>Advo</u>	nice wieering required				

Total Fees Due_